	ROUTING	S AND	RECORI	SHEET	
UBJECT: (Optional)		· · · · · · · · · · · · · · · · · · ·			
Security Cle	arance Re	view			
FROM: Director of Medical Services 1 D 4061 Hq.		EXTENSION	NO.		
			DATE		
I D 400I iid.				13 Aug 71	_s
TO: (Officer designation, room number, and building)	D	ATE	OFFICER'S INITIALS	COMMENTS (Number each comment to show from who to whom. Draw a line across column after each commen	hom
	RECEIVED	FORWARDED			ent.)
1. Director of Security 4 E 60 Hq.					
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